

**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/019,356
Filing Date	May 21, 2002
First Named Inventor	Slater, Michael
Title	METHOD FOR IDENTIFYING PRE-NEOPLASTIC AND/OR NEOPLASTIC STATES IN MAMMALS
Art Unit	
Examiner Name	
Attorney Docket Number	027281-000500US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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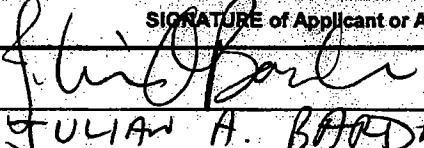
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I am the:
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	28 th March 2008
Name	JULIAN A. BARDEN	Telephone	02 9490 8280
Title and Company	of BIOSCEPTRE PTY LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

*Total of 1 forms are submitted.